

Testimony of
**THE COMMUNITY HEALTH CENTER ASSOCIATION OF CONNECTICUT
(CHCACT)**
Before
The Appropriations Committee
regarding the **Department of Public Health Budget**
Presented by
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The Community Health Center Association of Connecticut has the privilege of working with all Federally Qualified Health Centers (FQHCs) in Connecticut. FQHCs provide critical access to and high quality primary care and preventive services to patients in underserved areas of our state regardless of ability to pay. They are a large and absolutely critical component of Connecticut's health care delivery system. In 2011, 14 health centers in the state combined cared for over 328,485 unduplicated users and provided well over one and a half million visits. The attached map illustrates the reach of FQHCs across the state and into every community. (Figure 1)

The demand for FQHC services is steadily increasing: In 2010, uninsured patient visits at Connecticut FQHCs reached over 289,895. In 2011, Connecticut FQHCs cared for approximately 73,526 uninsured and provided approximately 290,886 visits to these uninsured patients. Medicaid patients make up nearly 50 % of the population of patients served by FQHCs. FQHCs provide a tremendous portion of the primary care medical services, the behavioral health services and the dental services that are provided through the Medicaid program.

Cuts to DPH funding for services to the uninsured will result in reductions in staff, reduction in services provided and fewer hours of operation for health centers. CHCACT anticipates that the cut will necessitate a reduction in clinical workforce of 24 FTES between the providers and their support staff as well as some reduction in access to care workers. This will result in 20,860 fewer visits being provided to patients. Also, the hours of operation of health centers will diminish slightly.

DPH funds have contributed less and less over the years to the cost of care for uninsured patients. As the attached table (Figure 2) demonstrates, DPH funding has trended downward at the same time as the volume of visits provided to uninsured patients has steadily climbed. As the data demonstrates, FQHCs receive less and less DPH funding each year toward the primary care services that keep patients from resorting to hospital emergency departments for their non-urgent care needs.

FQHCs can save the State's health care dollars by reducing the utilization of Emergency Departments: According to the Office of Health Care Access (OCHA), in 2009, 47 % of emergency room visits in Connecticut were for non-urgent care. The U.S. Department of Health

and Human Services has documented that each emergency room visit in Connecticut has an average cost of \$1,452. A visit to a health center for non-urgent care is \$135 per visit. The total cost to Connecticut's health system in 2009 for non-urgent emergency room visits was \$1,102,825,769. Medicaid paid for approximately 30% of this amount, or \$330,847,730. Of this amount, Medicaid paid \$224,976,455 for such care for individuals classified as living in urban core or urban periphery areas. Even a modest shift of patients away from emergency rooms to community health centers would more than pay back the state for the cost of the bonds for expansion of these facilities. This will not be possible if cuts to DPH funding to FQHCs and changes in the Medicaid eligibility and benefits for a significant portion of FQHC patients in HUSKY D cause reductions in workforce and hours of service that will constrict access to FQHC primary care services.

A recent study published in the *Journal of Ambulatory Care Management* provides evidence that FQHCs "lower overall medical expenditures" at the state and national level.¹

Although this study does not directly shed light on the mechanism for these savings, other literature, cited earlier [in the article], suggests that the savings occur because CHCs **can provide good-quality primary care that low-income patients in medically underserved areas might not otherwise obtain, helping to reduce the demand for subsequent specialty and emergency and inpatient medical care.** Not only does this demonstrate the utility of CHCs, but it also provides further support of the utility of improved primary care as a cost-saving approach to health care delivery. The Affordable Care Act includes a number of provisions to promote better use of primary care, such as the use of "patient-centered medical homes." Community health centers have been founded on the principle of serving as a medical homes to populations that otherwise have difficulty accessing health care because they live in medically underserved areas or because they are uninsured or covered by Medicaid.²

FQHCs are well recognized for the important role they play in the health care delivery system and as Connecticut implements health reform and moves toward 2014. The FQHCs are deeply concerned that the General Assembly has an unrealistic expectation of the ability of health centers to absorb the proposed budget cuts in either DSS or DPH. CHCACT's member community health centers are very appreciative of the General Assembly's past support and ongoing interest in preserving the statewide system of care that health centers offer Connecticut's neediest children and families. In this time of state and federal budget cuts, the demand on FQHC services remains tremendous. On behalf of the patients and families currently served by FQHCs, we ask that the Committee not allow the cuts to FQHC funding that are currently proposed or the benefits changes that will over-stress and destabilize the FQHC infrastructure which is so critical to public health at a time when Connecticut citizens --in ever increasing numbers-- are turning to the safety net.

¹ Patrick Richard, PhD, MA; Leighton Ku, PhD, MPH; Avi Dor, PhD; Ellen Tan, MSc; Peter Shin, PhD, MPH; Sara Rosenbaum, JD *Cost Savings Associated with the Use of Community Health Centers*, 58 *Journal of Ambulatory Care Management*, Vol. 35, No. 1, pp. 50-59, January-March 2012.

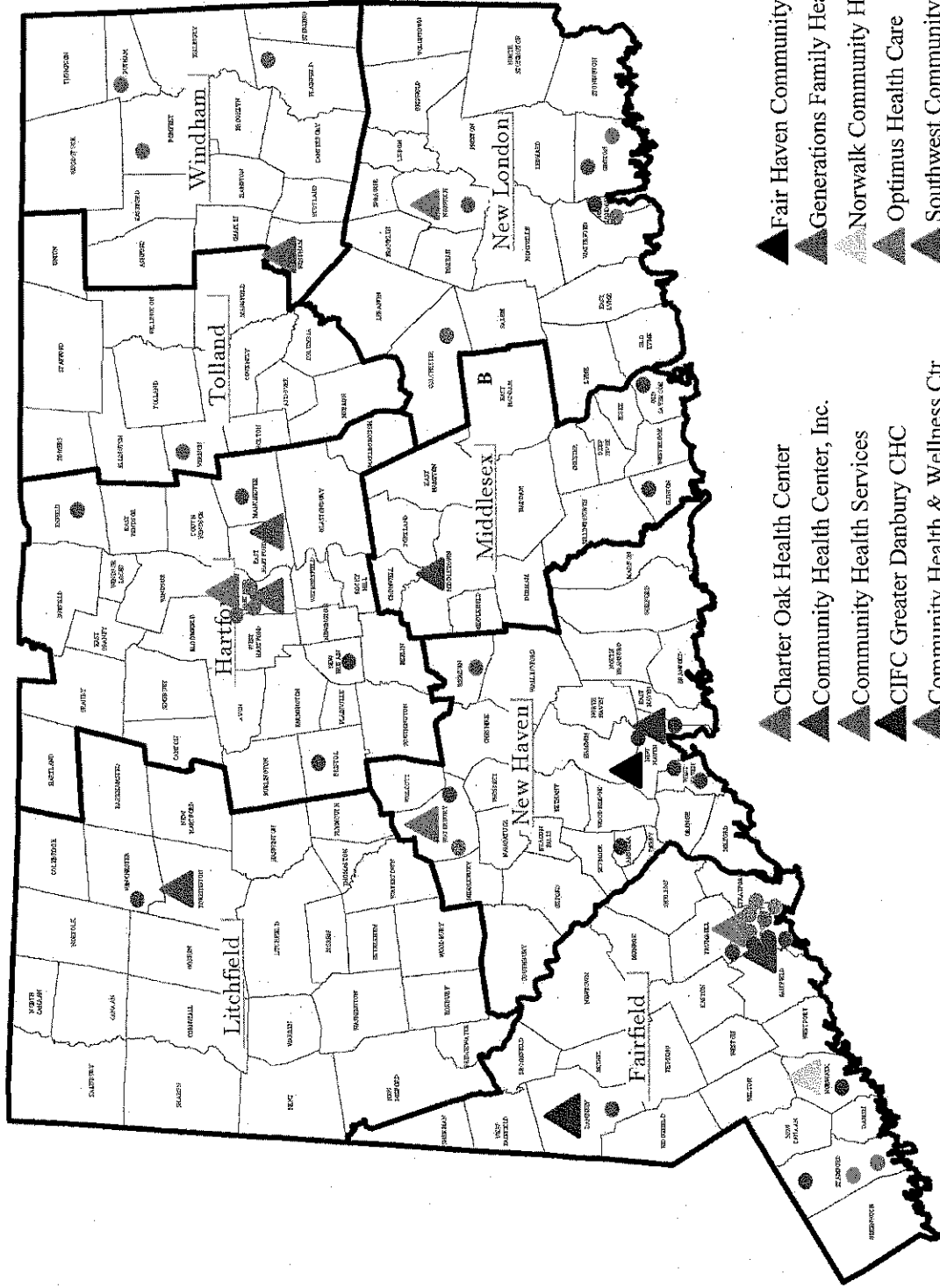
² Ibid

FQHC Uninsured Patient Visits Compared to DPH Funding

	2009-10	2010-11	2011-12	2012-13*
330,000				
315,000				
300,000				
285,000				
329,425 310,278 302,688 294,100 285,000 DPH Grants Uninsured Patient Visits				
DPH Grants	\$5,103,002	\$5,102,912	\$4,803,449	\$4,136,567
DPH Contribution Per Visit	\$18.19	\$17.33	\$15.46	\$12.56

*Projected 6% increase in uninsured patient visits.

Connecticut's Federally Qualified Health Centers*



- ▲ Fair Haven Community Health Center
- ▲ Generations Family Health Center
- ▲ Norwalk Community Health Center
- ▲ Optimus Health Care
- ▲ Southwest Community Health Center
- ▲ StayWell Health Center
- ▲ United Community & Family Services
- ▲ Charter Oak Health Center
- ▲ Community Health Center, Inc.
- ▲ Community Health Services
- ▲ CIFC Greater Danbury CHC
- ▲ Community Health & Wellness Ctr. of Greater Torrington
- ▲ Cornell Scott-Hill Health Center
- ▲ East Hartford Community HealthCare

*14 corporations, over 40 full service sites.